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STATEMENT OF

FORM 1	ORM 1 ORGANIZATION						Office Use Only				
NAME OF COMMITTEE (in full)			eck if name changed)		ple:If typing, the lines.	type	12FE	4M5			
Nat'l Telecomi	municat	ions Coo	perative As	sn./Te	elecomm	unicatio	ons Ed	ucatio	n Com	mittee	Org.
ADDRESS (number and street)		4121 Wilson Blvd.									
(Check if address is changed)		10th Floor								1 1 1	
		Arlington					VA	222	03		
				CITY			STATE		ZIP	CODE	
COMMITTEE'S E-MA (Check if is changed	address	SS (Please pr		-mail add	ress)						
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)								
(Check if a is changed											
2. DATE 03	M / D 07		2012								
3. FEC IDENTIFIC	ation nu	JMBER	C c	00004473							
4. IS THIS STATEM	MENT	NEW (N	OR	×	AMENDE	ED (A)					
I certify that I have e	xamined th	is Statement	and to the best	of my kı	nowledge and	d belief it	is true, co	orrect and	complete		
Type or Print Name of	of Treasure	Lisa Schw	eitzer								
Signature of Treasure	Lisa Sca	hweitzer			Electronically	Filed]	Date	M = M /	07	/ 2	2012
NOTE: Submission of f			plete information						penalties o	of 2 U.S.C	C. §437g.
Office Use					For further information Federal Election Free 800-42	Commissio			FEC F	ORM 02/2009)	